



Opening speech
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National Commissioner of Drugs

Heroin-assisted treatment –
An innovative element of the drug support system

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Ladies and gentlemen,

It is a great pleasure and an honour for me to open this meeting on behalf of the Federal Ministry of Health and to welcome you all here to Cologne. I am delighted that our invitation to discuss new evidence and experience with heroin-assisted treatment was accepted so widely. One goal of this symposium is to bring together researchers, stakeholders and drug experts – nationally and internationally. Looking around, I think we have already achieved our first goal. The challenge for us all now is to use the gathered expert knowledge to discuss and evaluate future possibilities for treating drug users.

It is estimated that between 120,000 and 150,000 opioid dependent persons, mainly heroin addicts, live in Germany. Drug dependence is a severe chronic illness. It leads to a loss of self-determination and is often accompanied by additional diseases; psychological and social problems are the most common. As a result, responsible health policies are bound to continue their efforts to provide an effective support system that assists addicted persons in overcoming their dependence. This includes the quest for better methods of treating chronically dependent patients, with scientific research as an important pillar.

A variety of addiction support services are being provided in Germany. These include: low-threshold offers, abstinence-oriented therapies and substitution therapy (most often methadone maintenance treatment). In recent years, the quality of substitution treatment has increased. It is estimated that, in Germany, about 60 % of all heroin users are undergoing substitution treatment in the meantime. Even though these efforts have been successful in the past, we have to face the difficulty that there is still a significant number of drug users who cannot be reached by therapeutic offers in a sustainable way. We need new approaches to reach out to drug users who have been addicted for many years. While the long-term goal of abstinence remains, the positive impact of decreasing illegal drug use, stabilising health and making first steps towards social reintegration, cannot be underestimated.



This was the motivation to start the German project for heroin-assisted treatment in 2001. The project is a joint initiative of the Federal Ministry of Health, the Federal Laender of Hamburg, Hesse, Lower Saxony and North Rhine-Westphalia and the cities of Bonn, Frankfurt, Hanover, Karlsruhe, Cologne and Munich. The project is managed with enormous expertise by the Center for Interdisciplinary Addiction Research in Hamburg. I know that many of you have been waiting for a long time to see the outcome of the German trials with heroin-assisted treatment and I am delighted that we will hear detailed results of this project later today.

Ladies and gentlemen,

From the beginning of the German project on heroin-assisted treatment, the Ministry of Health emphasised the need for a study of high scientific quality. The project was therefore followed closely by an international advisory board. A reliable scientific base is essential for an objective discussion about substitution treatment with heroin. However, it was not always easy to conduct this large multi-centre study and quite a few obstacles were encountered on the path. In some cities, there was an increase in fear in the neighbourhoods where the outpatient clinics were to be built. Even though these concerns were taken seriously, I can assure you – as I was able to see myself when I visited the clinics in Karlsruhe two weeks ago – none of the fears materialised. I am sure the representatives of the cities involved, present here today, will confirm that there are no problems of drug dealing or criminality in the surroundings of the clinics. Strangely enough, however, objections were not only raised by inhabitants. Doubts among the drug users also had to be overcome. It took some time until the positive experiences of the first clients spread among injecting drug users and the study places could be filled. Over the few past years, many individuals put immense efforts into this project and I am delighted to be able to say today: there remains no doubt, the project was, and is, a big success.

The study was set up to treat either:

- patients who were neither treated therapeutically nor reached by the addiction support system although they urgently needed treatment *or*,
- patients who did not profit sufficiently from methadone maintenance treatment.

Even though Dr. Haasen will present the results in detail later, I would like to touch, here, on the key results. For these severely dependent patients, the heroin-assisted treatment was more successful than methadone maintenance treatment. Heroin-assisted treatment has the potential to reach beyond the group so far reached with methadone maintenance treatment



and to stabilize these patients further, both in terms of their health and the reduction of illegal drug use. Beyond this main outcome, the clinical trial and a number of sub-studies gathered considerable additional knowledge on treatment. I am looking forward to discussing these multiple aspects in an international context and evaluating their meaning for the development of the drug support system over the next two days.

Building on the results of the German heroin project and on international evidence, the pharmaceutical company involved has applied for the authorisation of Diamorphin – the product containing heroin – to the German Federal Institute for Drugs and Medical Devices (BfArM). We cannot yet say what the outcome will be. If the authorisation is accepted, further legal changes will be necessary to allow the prescription of heroin for substitution therapy in Germany.

Heroin-assisted treatment is not a treatment of first choice and will never be. The target group for this treatment needs to be defined very precisely. We need to know who benefits most, when, and under which circumstances from heroin-assisted treatment, and who – on the other hand – profits equally from other substitution therapies such as Methadone and Buprenorphine. I hope that this symposium will give us new ideas about how to handle these questions in every day practice.

Ladies and gentlemen,

There is a great deal of international evidence to show that, alongside medical treatment, psychosocial support plays an important role. Consequently, all of the outpatient clinics participating in the German project worked with standardised manuals in providing psychosocial support. These manuals were implemented successfully and are currently under detailed analysis. They will be available, in the future, for wider use within the drug support system. I personally see it as a great achievement that intensive teamwork took place between physicians and social workers and was subsequently structurally secured. The patients were not the only ones who profited from this co-operation; the professionals did as well. Independently of further analysis of the psychosocial support provided, the project has therefore contributed towards increasing quality in this area of health service. As you can see from the programme, tomorrow afternoon is dedicated to the important discussion of psychosocial support and we will be hearing a great deal more about this topic then.



We all know that the issue of drug use is not only an individual problem. It is a major concern of many citizens in Germany. We will see today that, by offering heroin-assisted treatment, not only the patients but also the inhabitants of Bonn, Frankfurt, Hamburg, Hanover, Karlsruhe, Cologne and Munich have benefited. Patients receiving heroin as substitution treatment significantly reduced the number of criminal offences they committed. This shows that the sustained treatment of drug users, a treatment which reaches out to long-term dependent patients, can contribute to making cities safer in the long run.

Ladies and gentlemen,

This symposium is designed to move current international scientific knowledge towards practical application and realisation in regular health care. Consequently, it provides the unique possibility of spreading the results beyond heroin-assisted substitution into the wider context of drug treatment. In this spirit, once again, I welcome you warmly to our meeting and I hope that we will have lively discussions which will point the way toward a good and evidence-based future therapy for opiate drug users.